

**DRAFT ISSUE PAPER and WORKPLAN FOR DISCUSSION BY THE  
PLANNING GROUP - Revised 6-12-03**

Medical Assistance Administration  
Division of Business & Finance  
School Administrative Match Section

**ISSUE #1:** Some school children are experiencing barriers to learning due to unmet health needs. \*

**GOAL:** Increase access to Medicaid preventive and treatment services for eligible school children.

**Objective A:** Measure the baseline level (number and percent) of school days absent for Medicaid children due to health needs.\*\*

**Objective B:** Measure the baseline level (number and percent) of Medicaid enrolled children who access the Medicaid's Early & Periodic Screening, Diagnosis and Treatment (EPSDT) service.

**WORKPLAN**

**Methods to meet objectives A and B -- By mid-August 2003, the advisory group and MAA will agree to a plan similar to the following:**

1. Clarify what data regarding school absences and causes of absence, can be captured in the "truancy system".
2. During the 2003-04 school year, for each school district, apply the MER\*\*\* to the count of total absences for health related reasons for all students. This total and rate (days absent divided by total student-days) equals the baseline (2003-04) level of absences for Medicaid eligible students.

**Footnotes**

\* There are just over 1.1 million youth age 5 to 17 residing in Washington, of which 995,000 were enrolled in public schools (2000 Census). Of the 5 to 17 year olds, 35.5% were recipients of Medicaid in 2000 (DSHS records).

\*\* The Advisory Committee felt that this measure would not provide data that would correlate well with removing health related barriers to learning. The committee is working to identify outcome measures (for example referrals to Medicaid covered care, Medicaid applications distributed and completed, etc.)

\*\*\* MER – Medicaid Eligibility Rate (The percent of the district's enrollment that is on Medicaid.)